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APPLICANTS Robert Cusic, Dickinson, ND; Steve Irsfeld, Dickinson, ND;					
** CONTINUING DATA *****					
** FOREIGN APPLICATIONS *****					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 10/03/2003					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Unikely P. Handy NRH</i> Examiner's Signature Initials		STATE OR COUNTRY ND	SHEETS DRAWING 0	TOTAL CLAIMS 1	INDEPENDENT CLAIMS 1
ADDRESS Robert Cusic Steve Irsfeld 629 Tenth Avenue West Dickinson, ND 58601 33 West Ninth Street Dickinson, ND 58601 Dickinson, ND58601					
TITLE Dr. Bob's Arthritis Cream					
FILING FEE RECEIVED 440	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		